



Military Sponsor's Name: _____

RING CHILD & YOUTH PROGRAM SUMMER 2016 FAMILY REGISTRATION FORM



I. MILITARY SPONSOR'S INFORMATION

	mponent (Please Circle):				
ny National Guard	Air National Guard	Navy Active	Marine Reserve		
ny Active	Air Force Active	Navy Reserve		Coast Guard Active	
ny Reserve	Air Force Reserve	·		ard Reser	
.,					
	II. PARTICIP	ANT(S) INFORMATION:			
Name		Age	Gender		
Below, please indicate Pl	the event(s) you would like to regist ease call or e-mail if you do not rece	er the above child for. Spacive a confirmation e-mail in	ces are limited, first come	, first serve	
Date	Name of E			ISTER BY	
□ Wed., June 22	Military Teen Lead	ership trip to Boston	Meet in Warwick	6/17/16	
☐ Thurs., July 7	Adventures in Lea	rning YOUTH*	West Greenwich	6/30/16	
☐ Tues., July 12	Fishing Trip #1 (car	nnot attend both trips)	Narragansett	7/8/16	
☐ Thurs., July 14	Adventures in Lea	Adventures in Learning TEEN*		7/8/16	
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	Kayak Trip*	_	Hope Valley	7/15/16	
☐ Thurs., July 21☐ Tues., August 2☐	Kayak Trip* Fishing Trip #2 (car	nnot attend both trips) irk is required and will be e on we should know in orde	Narragansett mailed to you.	7/29/16	
☐ Thurs., July 21☐ Tues., August 2☐ Tues., August 2☐ Tues.	Kayak Trip* Fishing Trip #2 (car *Additional paperwo	rk is required and will be e	Narragansett mailed to you. er to help your child be su	7/29/16 ccessful.	
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	nedical/behavioral information we should know in orde	er to help your child be su	ccessful.
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Please list allergies, concerns, or n Parent /Guardian Name Parent /Guardian Personal E-ma Parent/Guardian Phone Number Home: Name(s) of adult(s) authorized to pick up participant(s	ail Address(Please, no '.MIL' e-mail addresses) rs: Work: to pick up participant(s). ID's will be checked and).	Cell:_	
Please list allergies, concerns, or means a list allergies, concerns, or means are allergies. Parent /Guardian Personal E-material E-material Parent/Guardian Phone Number allowed to pick up participant (see Name	III PARENT/GUARDIAN'S INFORMATE ail Address (Please, no '.MIL' e-mail addresses) rs: Work: to pick up participant(s). ID's will be checked and s). Relation to ion to attend the RI National Guard Child and You	Cell:I only persons listed be	low will b

☐ Please check if you believe your child(ren) has/have a 2016 release form(s) on file.

Holland Tulip • Lead Child & Youth Program Coordinator • Phone: 401-275-1254 • Fax: 401-275-4323 • E-Mail: Holland.k.tulip.ctr@mail.mil

Rhode Island National Guard Child and Youth Program

ONE PER YOUTH, PER CALENDAR YEAR 2016

(Print Minor's Legal Name) ___

I,(Print Name of Minor's Parent or Legal Guardian)

541 Airport Road Warwick, Rhode Island 02886 401-275-1254



(hereafter referred to as "the minor")

_ state that

MINOR'S CONSENT TO PARTICIPATE AND HOLD HARMLESS AGREEMENT AND RELEASE

hereby consents to his/her attendance and participation in the Rhode Island National Guard Child and Youth Program. I

understand that this program is a year long activity which may include day and overnight activities during the remainder of 2016 in which my child may choose to participate. In connection with his/her participation in this program, I consent to his/her participation in any sanctioned events to include transportation by government vehicle.
The minor's parent(s) or guardian(s) understand that participation in this program or sanctioned event is VOLUNTARY and that the minor does not have to participate. It is understood that the event or program involves activities which could result in injury to the minor's person or damage to the minor's property, and that by participating, the minor's parent(s) or guardian(s) voluntarily accept and assume the risk of injury to the minor or damage to the minor's property and consent the minor's participation in the event or program.
I give permission for the child listed on this form to attend and participate in all activities except as noted on physical/medical forms. The information on these forms is true and correct to the best of my knowledge. In case of sudden illness or an accident to my child, requiring immediate treatment or surgery while participating in Rhode Island National Guard Child and Youth Programs, I authorize the primary staff or medical staff to take such action as deemed appropriate to protect the health and physical well-being of my child.
I further give my permission for the minor to be photographed during the program activities, with the understanding that photographs will be used only for promotional purposes of the Rhode Island National Guard Child and Youth Program.
In exchange for allowing the minor to participate in this event or program, the minor by and through the undersigned, agrees to release from liability, indemnify, and hold harmless the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants, and/or employees from any and all claims, demands, losses, expenses, actions or causes of action to the minor's person or damage to the minor's property which arises out of or occurs during or as a consequence of the minor's participation in the event or program, whether or not such injury or damage may have been caused, in whole or in part, by any negligence or want or care on the part of the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants, and/or employees.
This Hold Harmless Agreement and Release shall be binding upon the minor, the parent(s), or guardian(s), any successors in interest, and/or any person(s) suing on the minor's behalf.
The minor's parents(s) or guardian(s) understand that this document is complete unto itself and that any oral promises or representations made to them concerning this document and/or its terms are not binding upon the Rhode Island National Guard, the State of Rhode Island, the United States of America, their agents, servants, and/or employees.
PARENT OR LEGAL GUARDIAN MUST SIGN BELOW: I, the undersigned, state that I am the parent/legal guardian of the minor whose name appears above. I understand that the above terms and conditions apply to said minor and to myself. I further understand that the said minor cannot participate under ANY circumstances in the above specified event or program without parental consent and that the minor will not be allowed to participate without entering into this agreement. This document is binding upon myself, the said minor, and any person suing on behalf of said minor. Minor's Name (PRINT) Birth Date of Minor Birth Date of Minor
Parent/Legal Guardian' Name (PRINT)
Parent/Legal Guardian' Name (SIGN)
Address: City: State:
Zip Code: Phone:
Home E-Mail Address:
Executed at (city), Rhode Island on (date).





ADULT VOLUNTEERS ARE NEEDED FOR THE FISHING AND KAYAK TRIPS.

Adult volunteers are first come, first served. One adult per family may apply per trip.

REQUIREMENTS:

FIRST...

☐ Trip 1: Tuesday, July 12th

☐ Trip 2: Tuesday, August 2nd

- Submit this form, along with the Family Registration Forms to secure your volunteer spot.

 THEN...
 - Submit a Child and Youth Program Volunteer Application.*
- Submit a Gratuitous and Confidentiality Agreement.*
- Provide a copy of a BCI background check, obtained from your local police department, completed within one year of <u>July 12, 2016</u>.

A national FBI fingerprint check is <u>not necessary</u> for the fishing/kayak trips, as volunteers will be under "line of sight" supervision at all times and will never be alone with a child.

*Application and Agreement can be found here, under "Volunteers":

https://ri.ng.mil/familyprograms/cyprogram

	VOLUNTEER INFORMATION		
Name:			
E-mail Address:			
(Please, no '.MIL' e-mail addresses.)			
Phone Number:			
Home: Wo	rk:	Cell:	
Please indicate which trip(s) you would like	ke to volunteer for.		
FISHING TRIP:			
Please choose ONE Fishing Trip to attend your child(ren):	l with KAYAK TRIP	<u>:</u>	

☐ Thursday, July 21st